

Managing Multiple Medicines

| Time of Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|--------|--------|---------|-----------|----------|--------|----------|
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Bedtime | | | | | | | |
| Notes: | | | | | | | |

Directions: In the empty boxes, write down all the prescription and over-the-counter medicines you take, at what time of day, and how much (dose) you take each time. When medicine is taken, cross it off the list.

Prevention Pathways: *Online Courses*
<http://www.samhsa.gov/preventionpathways>